Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB# 2577-0226 Expires 08/30/2011

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, Doug Aloise the CDA- Director certify that the Five Year and Annual PHA Plan of the 2012 is consistent with the Consolidated Plan of Town Huntington prepared pursuant to 24 CFR Part 91.

Signed / Dated by Appropriate State or Local Official

Civil Rights Certification

U.S. Department of Housing and Urban Developme
Office of Public and Indian Housin
Expires 08/30/20

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

1 own of Huntington Housing PHA Name Authority

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information prosecute false claims and statements. Conviction may result in crimin	on provided in the accompaniment herewith, is true and accurate. Warning: HUD will all and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official Robert Fond Signature	Title Chairman Date 7/10/12

form HUD-50077-CR (1/2009)

OMB Approval No. 2577-0157 (Exp. 01/3

Certification of Payments to Influence Federal Transactions

evious edition is opsolete form HUD 50071 (3/98)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name	
Town of Huntington Housing Authority	
Program/Activity Receiving Federal Grant Funding	
Public Housing/Capital Fund Programs	
The undersigned certifies to the house	
The undersigned certifies, to the best of his or her knowledge ar	id belief, that:
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
I hereby certify that all the information stated herein, as well as any information warning: HUD will prosecute false claims and statements. Conviction may result of the statements of the statement of the statements of the statement of the st	ion provided in the gar
3 statements. Conviction may r	esult in criminal and/or civil penalties. (18 U.S.C. death accurate.
	, 10 0.3.C. 1001, 1010,
Name of Authorized Official Robert For h	Charman
Signature	y
/ N # 1	Date (mm/dd/yyyy)

7/10/12

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name	
Program/Activity Receiving Federal Grant Funding	touring butharity
Acting on behalf of the above named Applicant as its Auth	sing choice Voucher Phogra
the Department of Housing and Urban Development (HUD) reactify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	(1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her contion for a violation of a criminal drug statute occurring in workplace no later than five calendar days after such convict e. Notifying the agency in writing, within ten calendar dafter receiving notice under
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will	(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
2. Sites for Work Performance. The Applicant shall list (on separate page HUD funding of the program/activity shown above: Place of Performation Identify each sheet with the Applicant name and address and the program is a separate page.	g. Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs a thru f
neck here if there are workplaces on file that are not identified on the attached tereby certify that all the information stated herein, as well as any inform arning: HUD will prosecute false claims and statements. Conviction may res (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	d sheets. ation provided in the accompaniment herewith, is true and accurate. sult in criminal and/or civil penalties.
aturé de la A. Byroc Tille	Exective Dixectors
Silver &	Date

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OA

Complete this to	RE OF LOBBYING ACT	IVITIES	
to disci	iuse loopying activities pure		Approved by O
1. Type of Federal Action: See rev	verse for public burden disclo	Sure)	0348-0046
a. contract 2. Statu	is of Federal Action:		
b. grant	a. bid/offer/application	3. Report Type:	
	b. initial award	a. initial filing	
c. cooperative agreement	c. post-award	b. material chang	e
d. loan	o. poor awaru	For Material Change	Only:
e. loan guarantee		yearc	uarter
f. loan insurance		date of last report	quarter
4. Name and Address of Reporting Entity:			
Prime Subawardee	5. If Reporting E	ntity in No. 4 is a Subanne	
	and Address o	ntity in No. 4 is a Subaward f Prime:	lee, Enter Name
Tier, if known) ·	· · · · · · · · · · · · · · · · · · ·	
1 A Cowndes Avenue	item		
1 A lower de s Avenuarth	ordey		
Heret ington	9		
Congressional District			
Congressional District, if known: 4c (0) 2 6. Federal Department/Agency:	Congressional		
der di Department/Agency	7 Federal De-	District, if known:	
US Department of House	rederal Program	m Name/Description:	
US Department of House	1 ment		
	1 (
0.5	CFDA Number, if	applicable:	
8. Federal Action Number, if known:			
	9. Award Amount,	if known:	
10. a. Namo and A.L.			
10. a. Name and Address of Lobbying Registr	rant h Individual D		
(if individual, last name, first name, MI):	, marriadais Felic	orming Services (including a	address if
N/a	different from No.	10a)	100/635 //
1 4	(last name, first n	ame, MI): 🎤 / 🎢	
/		/	
		4	
Information requested through this form is authorized by title 31 U.S.C. s 1352. This disclosure of lobbying activities is a mytered		, /	
upon which religious was at a material representation	of fact (SIGNATHING) MICA A.	A 16 .	
of cities of the district this district was	made a		
l equired disclosure shall be for	ile the	iela A. Bynoe	
required disclosure shall be subject to a civil penalty of not less than \$10,000 for each such failure.	o and Title: _ Xent	re Director	
	Telephone No.: 631	- Und UK	-
Federal Use Only:	Leichtotta Mo.: 891	427-6220 Ext19 Date	9/11/12
Omy,			
		Authorized for Lo	ocal Reproduction
		Standard Form L	LLL (Rev. 7-97)

An	IA 5-Year and nual Plan	I DOLLGODI	artment of Housing an nent Public and Indian Hou	OMB N	OMB No. 2577-0226 Expires 4/30/2011				
1.0	PHA Information		and mulan mol	Ising	•				
	PHA Name To								
	PHA Name: Town of Huntington PHA Type: Small	Housing Authority							
	PHA Type: Small	☐ High Performing	19	PHA (Code: NY-035				
	PHA Fiscal Year Beginning: (MM	/YYYY): 10/01/201	ng x Standard 2	HCV (Section 8)				
2.0	Inventory (board 100				_				
	Inventory (based on ACC units at Number of PH units: 40	time of FY beginning	ig in 1.0 above)						
	Tamber of 111 times: 40		Number of HCV units:						
3.0	Submission Type		rannoel of HCV units:	573					
	5-Year and Annual Plan								
	To rear and Annual Plan	x Annual	Plan Only						
.0	DUA C		- D-Teal F						
	PHA Consortia	PHA Consor	tio: /Ch						
			tia: (Check box if submitting a jo	int Plan and complete table	hala)				
Ì	Participating PHAs	PHA	6	T	below.)				
ĺ	- Facility	Code	Program(s) Included in the	Programs Not in the	No. of U	nits in Each			
ŀ	PHA I:	Code	Consortia	Consortia	Program	no ni Dacii			
-	PHA 2:			Lonsottia	PH	1100			
-						HCV			
0	PHA 3:								
,	5-Year Plan. Complete items 5.1 and	152 only at 5 V							
	Goals and Objectives. Identify the P ow-income, and extremely low-income and objectives described in the previous Redesign the website and improve the rograms.	technology resource	s in order to increase the commun						
U	pdate and review the Administrative								
	puate and review the Administrative/	Admissions and Con	ntinued Occupancy Policies						
	puate and review the Administrative/	Admissions and Co.	ntinued Occupancy Policies.						
PI	Puate and review the Administrative/ HA Plan Update	Admissions and Co	ntinued Occupancy Policies.						
Pi	HA Plan Update None	Admissions and Con	ntinued Occupancy Policies.						
Pl	HA Plan Update None	Admissions and Con	ntinued Occupancy Policies.						
Pi	HA Plan Update None	Admissions and Con	ntinued Occupancy Policies.	Strative Office					
Pl	Puate and review the Administrative/ HA Plan Update	Admissions and Con	ntinued Occupancy Policies. e obtained by visiting the Admini	strative Office located at:					
Pl	HA Plan Update None	Admissions and Con	e obtained by visiting the Admini	strative Office located at:					
Pl	HA Plan Update None	Admissions and Con	e obtained by visiting the Admini	strative Office located at:					
Pl (a) (b)	HA Plan Update None Copies of the 5-Year Plan and Annu	Admissions and Con ual PHA Plan may be	e obtained by visiting the Admini I A Lowndes Avenue antington Station, N.Y. 11746						
Pl (a) (b)	HA Plan Update None Copies of the 5-Year Plan and Annu	Admissions and Con ual PHA Plan may be	e obtained by visiting the Admini I A Lowndes Avenue antington Station, N.Y. 11746						
P (a) (b)	HA Plan Update None Copies of the 5-Year Plan and Annu	Admissions and Con ual PHA Plan may be	e obtained by visiting the Admini I A Lowndes Avenue antington Station, N.Y. 11746						
Pi (a) (b) Hoi Pro	HA Plan Update None Copies of the 5-Year Plan and Annual Plan Copies of the 5-Year Plan and Project-based Vouchers	Admissions and Con ual PHA Plan may be Hu on or Development, s.	e obtained by visiting the Admini IA Lowndes Avenue antington Station, N.Y. 11746 Demolition and/or Disposition,	Conversion of Public Ho	ısing, Homeow				
P] (a) (b) Ho Pro	HA Plan Update None Copies of the 5-Year Plan and Annual Plan Update Pe VI, Mixed Finance Modernization or and Project-based Vouchers.	Admissions and Contact PHA Plan may be Hu	e obtained by visiting the Admini I A Lowndes Avenue antington Station, N.Y. 11746 Demolition and/or Disposition,	Conversion of Public Ho		nership			
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	PHA 3:					
5	5.0 5-Year Plan Condition					
	5.0 5-Year Plan. Complete items 5.1 and 5.2	only at 5-Year	Plan under			
-	.1 Mission State of DV	any at 5 Teat	rian update.			
13	Mission. State the PHA's Mission for ser jurisdiction for the next five years:	ving the peads				
	Jurisdiction for the next five years:	and the needs (or low-income, very low-income	ome, and extremely low in an		
				income fa	amilies in the PH	IA's
- 1						
<u> </u>						
5.	Goals and Objectives. Identify the PHA's low-income, and extremely low-income far and objectives described in the previous 5-					
-	low-income, and extremely low-income far and objectives described in the previous 5-	s quantifiable go	oals and objectives that will			
1	and objectives described in the	nilies for the ne	xt five years Include a govern	enable the PHA to serve the needs	of low-income	and
	Redesign the website				and at meeting u	ne goai
	programs and improve the techr	ology resources	in order to income			
	Redesign the website and improve the techr programs.		in order to increase the con	nmunity's accessibility to our hour	eina ea-d-	
1	Lindate and a ci			y to our nou	suig services and	1
1	Update and review the Administrative/ Adm	issions and Cor	ations 4.0			
-	DIVA	and Cor	minued Occupancy Policies.			
	PHA Plan Update					
6.0	1					
	(a) None					
	(b) Copies of the 5-Year Plan and Angust De	7.4. 51				
	(b) Copies of the 5-Year Plan and Annual Pl	HA Plan may be	obtained by visiting the Ad	ministrati com		
			, and the right	immistrative Office located at:		
			A Lowndes Avenue			
		Hu	ntington Station, N.Y. 1174			
	Hone VI Mi- 1 St					
	Programme Modernization or	Development	Domalia:			
7.0	Hope VI, Mixed Finance Modernization or Programs, and Project-based Vouchers.	pinent,	Demontion and/or Disposi	tion, Conversion of Public House		
	The Usuain			or 1 done 110us	ing, Homeowne	rship
	for the arrived approval from the Speci	ial Applications	C			
	The Housing received approval from the Specifor the purpose of a Mixed Finance/Tax Credit Vouchers and 38 Tenant Protect Vouchers	rehabilitation	Center for the Disposition of	f Excess Land (Gateway Cont.	`	
	for the purpose of a Mixed Finance/Tax Credit Vouchers and 38 Tenant Protect Vouchers.	rondomation.	As a result- the Housing Au	thority received approval to).	
3.0	G			s approval to admir	nister 17 Project	Based
0.0	Capital Improvements. Please complete Part					
	Capital Improvements. Please complete Parts	o. i uirough 8.	3, as applicable.		·	
3.1	Capital Fund D					
_	complete and submit the Capital Frank n	errormance and	Evaluation Report Acre	of the Diva a		
	Capital Fund Program Annual Statement/Pe complete and submit the Capital Fund Program open CFP grant and CFFP financing.	n Annual Statem	ent/Performance and Fuel.	grion P. PHA 5-Year and Annual	Plan, annually	
						tand
.2	Capital Fund Program Five-Year Action Plan Program Five-Year Action Plan, form HUD-500 for a five year period). Large capital items must				Curren	uiid
-4	Program Five-Year Action Plan Program Five-Year Action Plan, form HUD-500 for a five year period). Large capital items must	1. As part of the	Submission of the A			
1	for a five year period) I	75.2, and subse	guent annual under	lan, PHAs must complete and sul	hmit the Carry	
	Large capital items must	be included in	the Five Very 4	olling basis, e.g., drop current van	ar and all	rund
			are rive-rear Action Plan.	o rairent yea	u, and add latest	year
3	Capital Fund Financing Program (CFFP).					
	Check if the PHA proposes to use any portion finance capital improvements.	of its Conie-1				
	illiance capital improvements.	or its Capital F	und Program (CFP)/Replace	ement Housing Factor (DIF)		
				ractor (RHF) to re	pay debt incurre	ed to
		Pa	ge 1 of 2			
			- VI M	form HI/D-4	50075 (4/2008)	_

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address

Housing Choice Voucher = 78elderly,495 families with disabilities and 1680 families (334 Hispanic – 407 9.0

Gateway Gardens = 382 elderly = 185 families with disabilities and 1002 families (144 Hispanic, 854 white

Millennium Hills = 105elderly = 69 families with disabilities and 636 families (76Hispanic, 512 white and

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the 9.1 jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

Additional Information. Describe the following, as well as any additional information HUD has requested.

10.0 Progress in Meeting Mission and Goals.

The Huntington Housing Authority successfully met the goal to obtain HUD Special Applications Center approval for the disposition and began Year Plan

- (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" If the amount of an award increases or decreases by more than 50% or if there is a major change in the PHA Policies.
- Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only) (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development Office of Public and Indian Housing
OMB No. 2577-0226

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		16	15	14	13	12		10	9	000	7	0	0	1	3	2	_	Line	Perf		3	USnorr	PHAN	Part I
¹ To be completed for the Performa ² To be completed for the Performa ³ PHAs with under 250 units in ma ⁴ RHF funds shall be included here.	1499 Development Activities 4	1495.1 Relocation Costs	1492 Moving to Work Demonstration	1485 Demolition	1475 Non-dwelling Equipment	1470 Non-dwelling Structures	1465.1 Dwelling Equipment—Nonexpendable	1460 Dwelling Structures	1450 Site Improvement	1440 Site Acquisition	1430 Fees and Costs	1415 Liquidated Damages	1411 Audit	1410 Administration (may not exceed 10% of line 21)	1408 Management Improvements	1406 Operations (may not exceed 20% of line 21)3	Total non-CFP Funds	Summary by Development Account	1 Repor	☐ Original Annual Statement		Housing Authority	PHA Name: Town of Huntington	Part I: Summary
¹ To be completed for the Performance and Evaluation Report. ² To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations. ⁴ RHF funds shall be included here.			00)		A CONTRACTOR OF THE PROPERTY O		nexpendable		A PARTIE AND	ARTHUR MANAGEMENT OF THE PROPERTY OF THE PROPE		A STATE OF THE PARTY OF THE PAR		(ceed 10% of line 21)	() 1 or 2000	d 20% of line 2113		Count Ending:	☐ Reserve for Disasters/Emergencies		Replacement Housing Factor Grant No: NY36P035501-12 Date of CEEP.	Grant Type and Number Capital Fund Program		
r a Revised Annual Statement. FP Grants for operations.							59,326.20			6,591.80			9,417.00	5,000.00	13,834.00		Original		S		/36P035501-12 No:			
																Kevised'	Total Estimated Cost	☐ Revised Annual Statement (revision no:						
																Obligated Total	,	vision no:		****				Offic
															Expended	Total Actual Cost				rr 1 of Grant Approval:	FFY of Grant: 2012	Expires 4/30/2011	OMB No. 2577-0226	Office of Public and Indian Housing

⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

To be completed for the Performance and Evaluation Report. To be completed for the Performance and Evaluation Report. PHAS with under 250 units in management may use 100% of CFP Grants for operations. RHF funds shall be included here.	OZ Conting rount of A rount of lin count of	Performance and Evaluation Report for Period Ending: Line Summary by Development Account 18a 1501 Collateralization or Debt Service paid by the PHA 18ba 9000 Collateralization or Debt Service paid Via System of Direct Payment	Part I: Summary PHA Name: Town of Grant Type and Number Capital Fund Program Grant No: Type of Grant Type of Grant Original Annual Statement Original Annual Statement
Signature of Public Housing Director Annual Statement. for operations.	94,169.00	Total Estimated Cost Original Rev	मुख
Date Date		Revised Annual Statement (revision no: Final Performance and Evaluation Report Fotal Actual Cost	Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011 FFY of Grant: FFY of Grant Approval:

⁴RHF funds shall be included here.

¹ To be con ² To be com								NY-035-002	NY-035-002		NY_035	NY-035	T SECULIARIES	Name/PHA-Wide	Development Number		The same state.	Part II: Supporting Pages
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.							and cycle painting	Upgrade flooring and cycles	Pay for and it	Purchase computer software-provide staff	relates to the daily activities	Tokk		Categories	кер	Cap CFF	Gra	8
a Revised Annual Statement.							1460	1430	1403	+	1406		Account No.		Replacement Housing Factor Grant No:	Capital Fund Program Grant No: CFFP (Yes/ No):	Grant Type and Number	
														Quantity	nt No:			
											-	Original Revised 1	COST	Total Estimated Cost	•	Federa		
										•	Obligated ²	Funde	Total Actual Cost			Federal FFY of Grant:		
											Expended ²		l Cost					•
													Status of Work					OMB No. 2577-0226 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Finaucing Program

¹ Obligation and	1406- Operations 1408-Administration 1430- Fees and Costs 1460- Dwelling Units	Development Number Name/PHA-Wide Activities
expenditure end dated can o	07/2014 07/2014 07/2014 07/2014	All Fun (Quarter Original Obligation End
only be revised with HUD a		All Fund Obligated (Quarter Ending Date) sinal Actual Obligation on End End Date
Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the 11 c 11.	09/2014 09/2014 10/2014 10/2014	All Fu (Quarte Original Expenditure
# To II.	Date	All Funds Expended (Quarter Ending Date) inditure
		Reasons for Revised Target Dates

Part I: Summary
PHA Name:

	Type of Grant Original Annual Statement	Town of Huntington Housing Authority
Reserve for DisastervEmergencies eport for Period Ending: 3-31-2011	Date of CFFP:	Grant Type and Number Capital Fund Program Grant No: NY36P035501 62
☑ Revised Annual Statement (revision		
	FFY of Grant: FFY of Grant Approval:	OMB No. 2577-0226 Expires 4/30/2011

To be completed for the Performance and Evaluation Report. To be completed for the Performance and Evaluation Report. PHAs with under 750.	15 1492 Moving to Work Demonstration 16 1495.1 Relocation Costs 17 1499 Development Activities 4		7 1430 Fees and Costs 8 1440 Site Acquisition 9 1450 Site Improvement	1408 Management Improvements 4 1410 Administration (may not exceed 10% of line 21) 5 1411 Audit 6 1415 Liquidated Dames	☐ Original Annual Statement ☐ Performance and Evaluation Report for Period Ending: 3-31-2011 Line Summary by Development Account Total non-CFP Funds 1406 Operations (may not exceed 70 g, of it. 2011)
	13,000 20,747	45,000 49,953	25,000 21,300	22,942 22,942 9,000 0 12,000 12,000	
	20,747 20,747	49,953 49,953	21,300		FFY of Grant Approval: revision no: Evaluation Report Total Actual Cod 1

PHAs with under 250 units in management may use 100% of CFP Grants for operations.

4 RHF funds shall be included here.

Part I: Summary
PHA Name: Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

¹ To be completed for the Performance and Evaluation Report. ² To be completed for the Performance and Evaluation Report. ³ PHAs with under 250 units in management may use 1(x)% of CFP Grants for operations. ⁴ RHF funds shall be included here.	Amount of Annual Grant: (sum of lines 2 - 19) Amount of line 20 Related to LBP Activities Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Energy Conservation Measures Lecutive Director	18ha 1501 Collateralization or Debt Service paid by the PHA 18ha 9000 Collateralization or Debt Service paid Via System of Direct Payment 19 1502 Contingency (may not account to	Annual Statement nce and Evaluation Report for Period Education minary by Development Account	Crant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:
Signature of Public Housing Director port. port or a Revised Annual Statement. 7% of CFP Grants for operations.		Original Total Estimated Cost Rev	Reserve for Disasters/Emergencies	FFY of Grant:
tor Date	126,942 126,942	ised 2 Obligated Total Actual Cost 1 Expended	Revised Annual Statement (revision no:	OMB No. 2577-0226 Expires 4/30/2011 FFY of Grant: FFY of Grant Approval:

Part II: Supporting Pages
PHA Name:

¹ To be com		Name/PHA-Wide Activities	Development Number
Total To be completed for the Performance and Evaluation Report or a Revised Annual Statement.	Operations-Offset Operating Expenses Management Improvements- Computers Administration- Administrative Costs Fees and Costs-Consultant and Architect Site Improvement-Concrete Replacement Non-Dwelling Equipment- Truck	Categories Categories	Grant 7 Capital 1 CFFP (Y Replacer
vised Annual Statement.	1406 1408 1410 1450 1450 1475	Development Quantity Account No.	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:
126,942	22.942 9,000 12,000 25,000 45,000 13,000		
126,942	22,942 0 12,000 21,300 49,953 20,747	Total Estimated Cost Original Revised	Feder
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126,942	Expended ² 22,942 12,000 12,000 21,300 49,953 20,747	al Cost	
	100% 100% 100%	Status of Work	1107/10/14

Part III: Implementation Schedule for Capital Fund Financing Program

Expires 4/30/2011

Obligation and a	1406 1410 1430 1450		Development Number Name/PHA-Wide Activities
expenditure end dated can	9/12/2009 9/12/2009 9/12/2009 9/12/2009	Original Obligation End Date	All Fu (Quarter
Obligation and expenditure end dated can only be revised with IHTD.	9/12/2009 9/12/2009 9/12/2009 9/12/2009	Actual Obligation End Date	All Fund Obligated (Quarter Ending Date)
		Original Expenditure End Date	AllFu
	9/10/2008 9/22/2009 7/1/2008 12/10/2008	(Quarter Ending Date) Inditure Actual Expenditure End	All Funds Expended
		Reasons for Revised Target Dates	Federal FFY of Grant:
		Target Dates	

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

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To be completed for the Performance and Front in the	1499 Development Activities 4	1495.1 Relocation Costs	1492 Moving to Work Demonstration	1485 Demolition	1475 Non-dwelling Equipment	1470 Non-dwelling Structures	1465.1 Dwelling Equipment—Nonexpendant	1460 Dwelling Structures	1450 Site Improvement	1440 Site Acquisition	1430 Fees and Costs	1415 Liquidated Damages	1411 Audit	1410 Administration (may not exceed 10% of line 21)	1408 Management Improvements	1406 Operations (may not exceed 20% of line 21) 3	Total non-CFP Funds	Summary by Development	☐ Original Annual Statement ☐ Reserve for DisasteryEmergencies		Capital Fund Program Grant No: NY36P035-501-08		PHA Name: Town of Hunding	
					4,140.50		55,100.00						12,000		53,040.50		Original				V35-501-08			
				0700.00	8765 50	02,010.30	87 515 50					0000	3000	50,000	30 000	Kevised.	Total Estimated Cost	Revised Annual Statement (revision no:						
				8765.50		82,515.50						3000		30,000		Obligated		vision no:						Offic
				8765.50	75.000	82.515.50						3,000		30,000	PARITO	Expended Expended				FFY of Grant Approval:	FFY of Grant:	Expires 4/30/2011	OMB No. 2577-0226	e of Public and India

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴RHF funds shall be included here.

¹ To be completed for the Performance and Evaluation Report. ² To be completed for the Performance and Evaluation Report. ³ PHAs with under 250 units in management may use 100% of CFP Grants for operations. ⁴ RHF funds shall be included here.	Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Energy Conservation Measures Signature of Executive Director Date			Original Annual Statement Performance and Evaluation Report for Period Ending. Reserve for DisasteryEmergencies	Part I: Summary PHA Name: Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:
Signature of Public Housing Director Date Vanual Statement, or operations.		124,281 124,281 124,281	Total Estimated Cost Revised Annual Statement (revision no: Total Estimated Cost Revised 2 Obligated Obligated Expended		Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011 FFY of Grant: FFY of Grant Approval:

⁴ RHF funds shall be included here.

Part II: Supporting Pages
PHA Name:

¹ To be c		Development Number Name/PHA-Wide Activities
¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.	Operations- offset operational expenses Administration- Administration cost Dwelling Structures- Roof replacement non-dwelling equipment- truck/tractor	General Description of Major W Categories
evised Annual Statement	1406 1410 1460 1470	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: Vork Development Account No. Quantity
	Original Revised 53,040.50 30,000.00 12,000.00 3,000.00 55,100.00 82,515.50 4,140.50 8765.50	Total Estimated
	Funds Funds Obligated ² Expended ² 30,000 30,000 3,000 3,000 82,515.50 82,515.50 8,765.50 8,765.50	Federal FFY of Grant: Ost Total Actual Cost
	100%completed 100%completed 100% ompleted 100%completed	Status of Work

Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

¹ Obligation and c		1410 1460 1475	1406	Development Number Name/PHA-Wide Activities
Obligation and expenditure end dated can only be seed as		6/10/2010 6/10/2010 6/10/2010	Original Obligation End Date	All Fun (Quarter
mly be received the		6/10/2010 6/10/2010 6/10/2010	Actual Obligation End Date	All Fund Obligated (Quarter Ending Date)
		6/10/2012 6/10/2012 6/10/2012 6/10/2012	Expe 1 Dat	All Fu (Quarte
		09/29/2009 02/10/2010 06/30/2011 12/08/2010	Actual Expenditure End Date	All Funds Expended (Quarter Ending Date)
				Federal FFY of Grant: Reasons for Revised Target Dates 1

e end dated can only he revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Evaluation Report

Part I: Summary
PHA Name: Town of Huntington
Housing Authority

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

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³ To b ³ PHA ⁴ RHF	1 oT 1		1499 Development Activities 4	1495.1 Relocation Costs	1492 Moving to Work Demonstration	1485 Demolition	1475 Non-dwelling Equipment	1470 Non-dwelling Structures	1465.1 Dwelling Equipment—Nonexpendable	1460 Dwelling Structures	1450 Site Improvement	1440 Site Acquisition	1430 Fees and Costs	1415 Liquid	1411 Audit	1410 Admi	1408 Mana	1406 Opera	Total non-CFP Funds	Summary	☐ Performance and Evaluation Report for Disasters/Emer	rant		Authority
To be completed for the Performance and Evaluation Report, PHAs with under 250 units in management may use 100% of CFP Grants for operations. 4 RHF funds shall be included here.	e completed		nent Activiti	tion Costs	to Work Der	ion	elling Equip	elling Struct	ing Equipme	g Structures	provement	quisition	nd Costs	1415 Liquidated Damages		1410 Administration (may not exceed 100, of the care	1408 Management Improvements	1406 Operations (may not exceed 20% of line 21)	CFP Funds	Summary by Development Account	tatement Evaluation 1			S
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Evaluation R Evaluation I It may use I(-								-		The second secon	e 21))			g: 3-31-201	sasters/Eme	ousing Facto	rogram Gran	M Number
Report or a F 00% of CFP																					ergencies	Date of CFFP:	Capital Fund Program Grant No: NY36P035501-09 Renlscement 11	
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⁴RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

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To be completed for the Performance and Evaluation Report. To be completed for the Performance and Evaluation Report. PHAs with under 250 units in management may use 100% of CFP Grants for operations. RHF funds shall be included here.	Amount of line 20 Related to Energy Conservation Measures Signature of fixecutive Director Date	Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Security - Soft Costs	Performance and Evaluation Report for Period Ending: Summary by Development Account 1501 Collateralization or Debt Service paid by the PHA 9000 Collateralization or Debt Service paid Via System of Direct Payment	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant Date of CFFP: Annual Statement
Annual Statement. or operations.	Signa	123,632	Original	
	Signature of Public Housin	123,632	Total Estimated Cost Revised 2	
	ic Housing Director	123,632 0	Revised Annual Statement (revision no:) Final Performance and Evaluation Report Total Actual Cost	Office of FFY of Grant: FFY of Grant Approval:
Date			al Cost Expended	Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

⁴ RHF funds shall be included here.

Part II: Supporting Pages
PHA Name:

Expires 4/30/2011

¹ To be com	Development Number Name/PHA-Wide Activities
¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.	General Description of Major Work General Description of Major Work Categories Categories Operation= offset operation expenses Adminstration- Adminstration costs Audit- Offset cost associated with annual
vised Annual Statement.	Capital Fund Program Grant No: Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: Vork Development Account No. 1406 1410 1411
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Obligation and expenditure and the	1406		Development Number Name/PHA-Wide Activities	Part III: Implementation Schedule for Capital Fund Financing Program PHA Name:
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	9/01/2011	Actual Obligation End Date	Obligated ding Date)	inancing Program
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		To Accused Larger Dates	Federal FFY of Grant: Reasons for Paris 17	OMB No. 2577-0226 Expires 4/30/2011

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and

Part I: Summary
PHA Name: Town of Huntington
Housing Authority

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 8/31/2011

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¹ To be completed for the Performa ² To be completed for the Performa ³ PHAs with under 250 units in man ⁴ RHF funds shall be included here.		ment Activ	ation Costs	to Work D	tion	velling Equ	welling Stru	lling Equip	ing Structur	1450 Site Improvement	cquisition	and Costs	1415 Liquidated Damages		1410 Administration (may not exceed 10%, cer.	1408 Management Improvements	1406 Operations (may not exceed 2002, of the care	Total non-CFP Funds	Summary by Development Account	Statement Evaluation			
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r a Revised CFP Grants								12:			14			15				C)		,	No:	Y36S03550	
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⁴RHF funds shall be included here.

Part I: Summary PHA Name: Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and

U.S. Department of Housing and Urban Development

Expires 08/31/2011	OMB No. 2577-0226	Office of Public and Indian Housing
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Amount of line 20 Related to LBP Activities Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Hard Costs Signature of Executive Director To be completed for the Performance and Evaluation Report. PHAs with under 250 min.	Line Summary by Development Account 18a 1501 Collateralization or Debt Service paid by the PHA 18ha 9000 Collateralization or Debt Service paid Via System of Direct Payment 19 1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant: Gra	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: Original Annual Statement Reserve for Disactor Grant
52,397.00 152,397.00 Signature of Public Housing Director	☐ Revised Annual Statement (revision n ☐ Final Performance and Evaluation Re Original Revised 2 Obligated	FFY of Grant: FFY of Grant Approval:
152,397.00 Date	o: port Total Actual Cost Expended	OMB No. 2577-0226 Expires 08/31/2011

RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

PHA Name: Town of Huntington Housing Authority

Part II: Supporting Pages

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

Page3								Activities NY-035-001	Development Number Name/PHA-Wide	T C WILL
						Rehab kitchen and Baths	Administration of the ARRA Grant Activities	Categories	er General Description of Major Work	Authority
					10	1430	int 1410	Account No.	- '	Grant Type and Number CFRG Capital Fund Program Grant No: NY36803550109 CFFP (Yes/ No):
					127,425.00	14,158.00	Original 15,732.00	Quantity Total Estimated Cost	ant No:	?C NY36S03550109
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Capital Fund Program, Capital Fund Program Replacement Housing Factor and ----- end Evaluation Report

Part I: Summary
PHA Name: Town of Huntington
Housing Authority

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

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e and Evalu e and Evalu gement may				le				of line 21)	me 21) °		Reserve for DisasteryEmergencies or Period Ending: 3-31-11	Grant Type and Number Capital Fund Program Grant No: NY36P035501-10 Replacement Housing Factor Grant No: Date of CFFP:
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⁴RHF funds shall be included here.

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

To be completed for the Performance and Evaluation Report. To be completed for the Performance and Evaluation Report or a Revised Annual Statement. PHAs with under 250 units in management may use 100% of CFP Grants for operations.	(sum of lines 2 - 19) o LBP Activities o Section 504 Activities o Security - Soft Costs) Security - Hard Costs Energy Conservation Measures	18a 1501 Collateralization or Debt Service paid by the PHA 18ba 9000 Collateralization or Debt Service paid Via System of Direct Payment 19 1502 Contingency (may not exceed our for fire the service)	Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending: Line Summary by Development A	PHA Name: Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:
Signature of Public Housing Director inual Statement. operations.	123,632.00 123,216.00	Total Estimated Cost Original Revised 2	s	
ousing Director Date		Final Performance and Evaluation Report sed Obligated Total Actual Cost Expended	Revised Annual State	Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

⁴ RHF funds shall be included here.

Part II: Supporting Pages
PHA Name:

Expires 4/30/2011

¹ To be c ² To be c			PHA Wide		Name/PHA-Wide Activities	Development
Total CFP 2010 To be completed for the Performance and Evaluation Report or a Revised Annual Statement. To be completed for the Performance and Evaluation Report.			Administration - Administration costs Dwelling Structures Renovate Kitchen/baths	Operations Offset Operating expenses Management - Computer Transcript	General Description of Major V Categories	
vised Annual Statement.			1408 1410 1460	1406	Development Quantity Account No.	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:
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Part III: Implementation Schedule for Capital Fund Financing Program

Expires 4/30/2011

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Annual Statement Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and

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Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

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To be comp			NY035-002 NY035-002	Activities NY03s	Development Number
To be completed for the Performance and Evaluation Report or a Revised Annual Statement To be completed for the Performance and Evaluation Report			Offset the operating expenses for the public housing units offset the expenses association with the administration of Capital Fund Program Complete flooring upgrades and eyele painting	Categories	
red Annual Statement			1410	Development Quantity Account No.	Grant Type and Number Capital Fund Program Grant No: CIFP (Yes No): Replacement Housing Factor Grant No:
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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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Obligation and expenditure end dated can only be revised with HITD.						9/14/2013	9/14/2013		2/14/2013	0/14/2012	Obligation End Date	Original	(Quarter E	All Fund	hedule for Capital Fund	
lly be revised with HTD				With the color of							End Date	Actual Obligation	(Quarter Ending Date)	All Fund Obligated	l Financing Program	
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